REPORT AND RECOMMENDATIONS

RURAL HEALTH PERSONNEL TASK FORCE

OF THE

MISSOURI RURAL HEALTH COALITION

INITIATIVE

Presented to

The Missouri Office of Rural Health Advisory Commission

Statement of Problem

Rural America continues to experience rapid social and economic change. The access to and the quality of health care has also been dramatically influenced as a result of these changes.

Trends that "are having a major impact on the ability of the rural health care system to respond to current needs are as follows:"

- restricted reimbursement by public and private payers, resulting in conflict between cost-containment and access goals;
- increased financial risk for hospitals, particularly smaller, rural facilities;
- structural changes in the health care delivery system, including continued consolidations;
- shift of the focus of care from inpatient to outpatient settings;
- changes in physician practice patterns due to increased competition and the expansion of managed care programs;
- health care institutions' increased need for capital;
- an inadequate supply of health personnel (physicians, nurses, and allied health professionals) in rural areas;
- rapid advances in medical technology with increased consumer and provided expectations; and
- fragmentation and lack of resources of emergency medical systems in many rural areas. (Rural Emergency Medical Services—Special Report, page 2)

Most of these trends overlap with one another and cannot be addressed without considering the interrelationship present among a wide variety of factors that exist in rural America. Furthermore, different regions and communities throughout the rural United States will have additional local economic and social profiles that will require other individualized approaches to improving health care services and accessibility.

Rural Health Personnel Shortages

Hicks (1990) observes that rural residents must typically seek access to the formal health through local physicians. The absence of physicians in a rural community can, therefore, serve as a major hindrance to promoting access to formal health care systems. Such access is further complicated if other health professionals such as nurses, social workers, and allied health professionals are also not easily accessible by these consumers.

Recent trends related to rural health personnel demonstrated the significance of personnel shortages in rural America.

- Although 22.5% of the U.S. population lives in nonmetropolitan areas, only 13.2% of all patient-care physicians, and 6.7% of those physicians who are hospital-based, practice in these areas.

- Although about a fourth of the U.S. population lives in nonmetropolitan areas, only 17% of nurses do, and one out of seven "rural" nurses actually works in urban areas.

- About 23% of Americans live in nonmetropolitan areas, fewer than 17 percent of allied health personnel reside in such communities, and fewer than 13% of the training programs for allied health professionals are located in nonmetropolitan areas.

- The ratio of primary care physicians (MDs and DOs in general and family practice, internal medicine, pediatrics, and obstetrics/gynecology residents) per 100,000 population in 1988 was 96.2 in metropolitan areas compared to 55.6 in nonmetropolitan areas.

- In 1990, there was an estimated shortage of 45,382 FTE registered nurses in nonmetropolitan areas in the United States.

- In 1988, the ratio of all non-federal patient-care physicians (MDs and DOs including residents) per 100,000 population in metropolitan areas was 222.5 compared to 96.3 in nonmetropolitan areas.

- In 1988, 28.4% of the nonmetropolitan population lived in areas designated to have a shortage of primary care physicians, compared to 9.5% of the metropolitan population.

- More than 16 million Americans lived in areas designated to have a shortage of dentists in 1990. Of the 794 designated dental shortage areas nationwide, 73% were nonmetropolitan.

- Sixty-eight percent of the 623 areas designated to have a shortage of psychiatrists were nonmetropolitan.. (Source: Rural Health Professions Facts, 1991)

Existing Resources

There currently exists a wide variety of public and private health professional schools, colleges and programs throughout Missouri. As with most states, the more specialized and high level of preparation is centered in Missouri's metropolitan areas.

Most of these health professional programs are filled to capacity and large numbers of applicants are being denied admission. The number of persons seeking careers in the health professions continues to rise rapidly as the opportunities for excellent careers is projected to continue well into the next decade.

Even if the capacity of existing health professional programs was increased, there is no assurance that the number of rural practitioners would also increase at the same rate. Most studies have found that special efforts must be taken to address ways that the shortages of rural health professionals can be alleviated. These efforts include state and federal initiatives, local community sponsorship and educational curricula that provide for rural health care clinical experiences.

Recommendations

The committee on Rural Health Personnel makes the following recommendations in regard to finding solutions to Missouri's rural health professions shortages:

A. Recruitment

1. Health professions educational programs should establish a rural health admission track for students from communities of less than 10,000 population and interested in practicing in rural Missouri. Special consideration should be given to these students for admission and an appropriate number of positions in each class should be reserved for students on the rural admission track.

2. Special health careers preparatory programs should be developed for rural students interested in a career in the health professions. These programs would allow rural students to learn about the range of opportunities in the health professions. In addition, program components could be developed to assist socially and educationally disadvantaged rural students become more competitive for admission by strengthening their skills in curriculum content areas and program application procedures.

B. Education

1. Rural health care should be included as a component of all health professions curricula.

2. Opportunities for rural-based health professions education must be expanded to incorporate rural clinical sites to include significant time allocated for on-site rural community education.

3. The state must expand its capacity to educate more allied health professionals to help address critical shortages throughout Missouri.

4. Multidisciplinary team approaches to primary care should be incorporated in health professions curricula with opportunities for student teams to have clinical rotations in rural Missouri communities to practice these approaches.

5. Nurse midwifery programs must be developed to help fill a critical need for care in rural Missouri.

6. Missouri's health professional schools should look to *Health America: Practitioners for 2005*, a report of the Pew Health Professions Commission, 1991, as a guide for graduating practitioners. "..with expanded abilities and new attitudes to meet society's evolving health care needs" (page 17). The ability to care for the community's health is one such competency that is emphasized in this report.

7. The use of technology should be studied as a means to deliver rural on-site professional education and continuing education.

8. The use of community-based faculty should be expanded and more fully utilized to support rural-based education and to foster appropriate role models for students.

9. Community development assistance and local citizen training should be included as a strategy by which community residents can learn about appropriate health care expectations and accessing the health care system from a local perspective.

C. Placement

1. Loan forgiveness, stipends and loan repayment programs should be developed to support graduates who are placed in rural communities and the health personnel shortage areas in the state.

2. The Health Resources and Services Administration should establish new guidelines by which individual states could designate their own primary medical care health professional shortage areas to include an expanded list of health professional types.

D. Retention

1. There must be fair and equitable reimbursement to those health professionals who practice in rural Missouri. For example, Missouri Medical should provide bonus payments to physicians who practice in underserved areas.

2. There is a need for a strong Missouri Office of Rural Health to support the development of rural health clinics and the retention of rural practitioners.

3. Support systems and service must be developed to assist rural practitioners function in rural settings. For example, business/billing support, on-call and vacation coverage and technological linkages to tertiary care facilities would help alleviate what are often major reasons cited for dissatisfaction with rural practice.

4. Rural community development programs should be developed to assist communities learning about recruitment, retention, and maximum utilization of local health care professionals.

Summary

Significant educational, sociological and economic factors exist today that contribute to Missouri's rural health personnel shortages. The Rural Health Personnel Task Force believes that implementation of the above recommendations would have a very positive impact on this critical problem. Additional student input is needed to continue to look at those factors that influence the recruitment, education, placement and retention of health personnel in rural communities. Other states have had success in addressing this problem and Missouri must move quickly before the disparity between metropolitan and rural health care grows larger.

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